



**For international students,  
faculty, and staff at  
Vancouver Island University**  
Master Policy No. GFRW1062    Group Code: VIU

<b>OFFICE USE ONLY</b>	
Effective Date:	_____
Expiry Date:	_____
DP:	_____
IDS:	_____

**BE SURE TO PRINT CLEARLY**

**① About You**

Last (Family) Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (example: 01/31/1984):		Home Country:
Email <i>*required*</i> :		Phone Number in Canada:
<b>Who are you buying insurance for?</b> <input type="checkbox"/> <b>Only me</b> (VIU international student) <input type="checkbox"/> <b>Me and my family</b> in Canada (husband, wife or children) – See page 2.		When did you arrive in Canada (example: 01/31/2011):

**② Choose**

<p><b>A. How long do you want insurance?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 3 Months: \$180</td> <td><input type="checkbox"/> 4 Months: \$240</td> </tr> <tr> <td><input type="checkbox"/> 5 Months: \$300</td> <td><input type="checkbox"/> 6 Months: \$360</td> </tr> <tr> <td><input type="checkbox"/> 7 Months: \$420</td> <td><input type="checkbox"/> 8 Months: \$480</td> </tr> <tr> <td><input type="checkbox"/> 9 Months: \$540</td> <td><input type="checkbox"/> 10 Months: \$600</td> </tr> <tr> <td><input type="checkbox"/> 11 Months: \$660</td> <td><input type="checkbox"/> 12 Months: \$720</td> </tr> </table> <p>* The prices above are for one person. See page 2 for couple and family rates.</p> <p>** If you study for more than six months in British Columbia with a valid study permit, you may be eligible for the BC Medical Services Plan (MSP).</p>	<input type="checkbox"/> 3 Months: \$180	<input type="checkbox"/> 4 Months: \$240	<input type="checkbox"/> 5 Months: \$300	<input type="checkbox"/> 6 Months: \$360	<input type="checkbox"/> 7 Months: \$420	<input type="checkbox"/> 8 Months: \$480	<input type="checkbox"/> 9 Months: \$540	<input type="checkbox"/> 10 Months: \$600	<input type="checkbox"/> 11 Months: \$660	<input type="checkbox"/> 12 Months: \$720	<p><b>B. How to PAY?</b></p> <p><input type="checkbox"/> Cash (meet with us in person) <b>OR</b></p> <p><input type="checkbox"/> Debit/ Interac Bank Card (meet with us in person) <b>OR</b></p> <p><input type="checkbox"/> Cheque (Pay to: David Cummings Insurance Services Ltd) <b>OR</b></p> <p><input type="checkbox"/> Visa / MasterCard _____</p> <p>Credit Card Number: _____</p> <p>Expiry Date (mm/yy): ____/____</p> <p>Cardholder Name: _____</p> <p>Signature of Cardholder: <b>X</b> _____</p>
<input type="checkbox"/> 3 Months: \$180	<input type="checkbox"/> 4 Months: \$240										
<input type="checkbox"/> 5 Months: \$300	<input type="checkbox"/> 6 Months: \$360										
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<input type="checkbox"/> 9 Months: \$540	<input type="checkbox"/> 10 Months: \$600										
<input type="checkbox"/> 11 Months: \$660	<input type="checkbox"/> 12 Months: \$720										

**③ SIGN (DECLARATION AND AUTHORIZATION)**

• I hereby apply for coverage as an Insured Person under the terms and conditions of Master Policy GFRW1062. I understand that my coverage will be effective on the date I arrive in Canada **IF** I purchase on or before my fifteenth (15<sup>th</sup>) day in Canada, otherwise coverage will be effective on the later of the date this application is accepted by the Insurer (or its authorized agent, David Cummings Insurance Services Ltd.) or the date I have requested coverage to start.

• I understand that this insurance is designed to cover losses arising from **sudden and unforeseeable circumstances**.

• I hereby authorize release to MSH International (Canada) Ltd. or its representative, any information including medical records needed to process a claim filed under the policy.

**I certify that the above information is true:**

Signature of applicant: \_\_\_\_\_

Date(mm/dd/yyyy): \_\_\_\_\_





**Fax this form to: 604-228-9807**

**Email to:** [info@david-cummings.com](mailto:info@david-cummings.com)  
 Mail to: David Cummings Insurance Services Ltd.  
 350 – 2083 Alma Street  
 Vancouver BC V6R 4N6

**Questions? We are here for you:**

**Telephone:** 604-228-881  
**Call Toll Free:** 1-800-818-3188  
**Email:** [info@david-cummings.com](mailto:info@david-cummings.com)  
**Website:** [www.david-cummings.com/viu](http://www.david-cummings.com/viu)

**④ OPTIONAL: ADDING FAMILY TO YOUR INSURANCE.**

<b>* I am buying medical insurance for these family members (Spouse and/or Children only)</b>		
 Last (Family) Name:	<input type="radio"/> Male <input type="radio"/> Female	Relationship:
First Name:	Date of Birth (example: 01/31/1984):	
 Last (Family) Name:	<input type="radio"/> Male <input type="radio"/> Female	Relationship:
First Name:	Date of Birth (example: 01/31/1984):	
 Last (Family) Name:	<input type="radio"/> Male <input type="radio"/> Female	Relationship:
First Name:	Date of Birth (example: 01/31/1984):	
 Last (Family) Name:	<input type="radio"/> Male <input type="radio"/> Female	Relationship:
First Name:	Date of Birth (example: 01/31/1984):	

**Couple and Family rates:**

Total cost for you and 1 family member:                      Single Price x 2 = \$ \_\_\_\_\_

Total cost for you and 2 or more family members:      Single Price x 2.5 = \$ \_\_\_\_\_

Example 1: Cost for a student buying 3 months of insurance for himself and 1 family member  
 $\$135 \times 2 = \$270.00$

Example 2: Cost for a student buying 3 months of insurance for herself and 2 family members  
 $\$135 \times 2.5 = \$337.50$

**You must be under age 65 to be eligible for the Global Campus Health Plan**

**Eligible Dependents (Family Members) include:**

a) The spouse of an Insured Person (but excluding those legally separated), and under the age of 65.

b) Unmarried children, step-children, foster children and legally adopted children, who are dependant on the Insured Person for support, provided that such children are not less than 15 days old and not more than 18 years old at the date the Policy was purchased (or 24 years old provided it can be proved that the child is continuing in full-time education). Children, regardless of age, are deemed eligible if they are mentally or physically handicapped, require the assistance of the insured for support and residing with the Insured.